

**REGULAR**

(See instructions on reverse)

For use by Secretary of State only

**NOTICE PUBLICATION/REGULATIONS SUBMISSION****ENDORSED FILED  
IN THE OFFICE OF**

STD. 400 (REV. 4-99)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-04-0727-05</b>	REGULATORY ACTION NUMBER <b>05-0005-055</b>	EMERGENCY NUMBER
2005 SEP 15 PM 1:51			
For use by Office of Administrative Law (OAL) only			
RECEIVED FOR FILING	PUBLICATION DATE		2005 AUG -5 PM 3:48
JUL 27 2004	AUG 06 2004		OFFICE OF ADMINISTRATIVE LAW
Office of Administrative Law		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Air Resources Board			AGENCY FILE NUMBER (if any)

*Bruce McPherson*  
**BRUCE MCPHERSON**  
 SECRETARY OF STATE

**A. PUBLICATION OF NOTICE** (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Greenhouse Gas		TITLE(S) 13	FIRST SECTION AFFECTED 1900	2. REQUESTED PUBLICATION DATE August 6, 2004
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Aron Livingston		TELEPHONE NUMBER (916) 322-2884
FAX NUMBER (Optional) (916) 322-3928		NOTICE REGISTER NUMBER <b>04-#32-2</b>		PUBLICATION DATE <b>8-6-2004</b>
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn				

**B. SUBMISSION OF REGULATIONS** (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Greenhouse Gas Regulations		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)			
SECTION(S) AFFECTED (List all section number(s) individually)		ADOPT 1961.1 and Incorporated Test Procedures	
TITLE(S) 13		AMEND 1900, 1961 and Incorporated Test Procedure	
3. TYPE OF FILING		REPEAL	
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code, § 11346) <input type="checkbox"/> Resubmission of disapproved or withdrawn nonemergency filing (Gov. Code, §§ 11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, § 11346.1(b)) <input type="checkbox"/> Emergency Readopt (Gov. Code, § 11346.1(h)) <input type="checkbox"/> Resubmission of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)			
<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.2 - 11346.9 prior to, or within 120 days of, the effective date of the regulations listed above.			
<input type="checkbox"/> Print Only <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) <input type="checkbox"/> Other (specify)			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45) 10/19/04 - 11/5/04 and 5/11/05 - 5/26/05			
5. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code, §§ 11343.4, 11346.1(d))			
<input type="checkbox"/> Effective 30th day after filing with Secretary of State <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> Effective other (Specify) <b>January 1, 2006</b>			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal			
<input type="checkbox"/> Other (Specify) <b>N/A</b>			
7. CONTACT PERSON Aron Livingston, Sr. Staff Counsel		TELEPHONE NUMBER ( ) 322-2884	FAX NUMBER (Optional) ( ) 322-3928
		E-MAIL ADDRESS (Optional) dlivings@arb.ca.gov	

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Michael H. Scheible</i>	DATE 8-5-05
TYPED NAME AND TITLE OF SIGNATORY Michael H. Scheible, Deputy Executive Officer	